# Instructions
## Prenatal Communication Form
M022 (11/01/15)

*These instructions are intended to clarify data fields that users have asked about in the past and to provide definitions for other fields to ensure that all users are interpreting them in the same way. If you have any questions about these instructions or think further instructions are needed, please contact Deb Marciniak at [marciniakd1@michigan.gov](mailto:marciniakd1@michigan.gov) or 517 324-8314.*

**Type of Prenatal Communication**

- Initial, Status Update, Notification of Emergency: Check one of these three boxes to indicate which type of medical care provider communication this is:

  1. Check the "initial" box if this is notice of enrollment.
  2. Check the "status update" box if this is notice of a significant change in the beneficiary's status (i.e., another risk domain is added to the *POC 2* and the *POC 3* is updated and signed).
  3. Don't check any box if the beneficiary has changed medical care providers and you are forwarding copies of communications that were sent to previous medical care provider.
  4. Check the "status update" box if this is notice that the beneficiary has transferred to your MIHP. Use of communication form is optional in this case.
  5. Check the "emergency interventions" box if this is a notice that you have implemented the emergency interventions in a particular domain.

**Initial Prenatal Communication**

- EDC (estimated date of confinement): Insert due date.

- Medical Care Provider: Insert name of an individual, if applicable.

- Clinic: Insert name of a medical care practice, if applicable.

- Additional Issues: CPS involvement: Check this box if beneficiary is currently involved with CPS.

- Additional Issues: Concerned about comprehension:  Check this box if beneficiary appears to need extra assistance to understand information presented due to low-literacy level or possible cognitive deficits.

- Additional Issues: Language barrier:  Check this box if beneficiary has difficulty communicating in English.

- RISK Column: Check the box next to every risk domain that has been identified by the *Risk Identifier* or by professional observation and judgment (in keeping with the criteria in Column 2 of the *POC 2* for a given domain). Do not check any box for any domain that has not been identified as a risk for the beneficiary.

- MIHP Provider Comments: Insert any information with respect to a given domain that may be helpful for the medical care provider. This is not a required field.

- Follow Up Requested by Medical Care Provider:  Leave this column blank. It is for use by the medical care provider to indicate any actions he or she would like you to take based on the information you have provided on this form.

- Comments: This box at the bottom of the form is provided so you can add any other comments that may be helpful for the medical care provider, such as key interventions, significant changes, and referrals for any or all of the identified risk factors.  This is not a required field.

- Signature and Credentials:  This field pertains only to the RN or SW who completes this form. It may not be signed by any other office staff.

**Status Update Prenatal Communication**

1. Another risk domain is added to the *POC 2* and the *POC 3* is updated and signed:

   - Use a new communication form.
   - Check the "status update" box.
   - In the Risk column, check the box to indicate the risk domain that was added.
   - In the "MIHP Provider Comments" section, note any information with respect to the added domain that may be helpful for the medical care provider. This is not a required field.
   - In the "Comments" box at the bottom of the form, add any other comments that may be helpful for the medical care provider, such as key interventions, significant changes, and referrals for the newly identified risk factor.  This is not a required field.
   - Sign with credentials and date (RN or SW only).

2. Beneficiary changes medical providers: Send copies of the initial communication and any status update communications to the new medical care provider to ensure that he or she is aware of all of the beneficiary's risk domains. In the "Comments" section on the bottom of the initial communication form, note that you are providing MIHP services for this beneficiary.

3. Beneficiary transfers to your agency: Use a new communication form. Check the "status update" box. In the "Comments" section at the bottom of the form, note that the

beneficiary has transferred to your MIHP. You are not required to use this form for this purpose. Alternatively, you may notify the medical care provider in writing (mail, email, fax or text) or by phone, which must be documented in the chart.

**Notification of Emergency Prenatal Communication**

You have implemented emergency interventions in a particular domain:

- Use a new communications form.
- Check the "Notification of Emergency" box at the top.
- Check the relevant risk domain in the "Risk" column.
- Document the nature of the emergency experienced by the beneficiary and the emergency interventions you implemented in the "Comments" section at the bottom of the form.

NOTE:  You must also notify the beneficiary's Medicaid Health Plan that you have implemented the emergency interventions.